

2020 POINT OF CARE TESTING

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|------------------|---|----------------------|--|
| Name: | | Employee ID#: | |
| Unit: | | Title: | |
| Due Date: | New hire: prior to performing POCT | | |

Scan Page 1 & 2 and email to: hs-cppn@ucdavis.edu Preceptor or other verified personnel date and initial completed skill

| Skill/Learning Not all skills are applicable to all Nursing areas – if not applicable mark as N/A | Completed Online Module | Date Completed (or N/A) | Verifier Initials |
|--|--------------------------------|--------------------------------|--------------------------|
| ABL90 Analyzer 2020 DAHS-NSCABL20-POCT | <input type="checkbox"/> | | |
| AdenoPlus by RPS DAHS-NSCAPRPS20-POCT | <input type="checkbox"/> | | |
| AVOXimeter 2020 DAHS-NSCAVOX20-POCT | <input type="checkbox"/> | | |
| Bacterial Vaginosis Test 2020 DAHS-NSCBVRT20-POCT | <input type="checkbox"/> | | |
| CoaguCheck 2020 DAHS-NSCCOAGU20-POCT | <input type="checkbox"/> | | |
| Cobas® Liat® System 2020 DAHS-NSCCOBAS20-POCT | <input type="checkbox"/> | | |
| ColoScreen 2020 DAHS-NSCCOLO20-POCT | <input type="checkbox"/> | | |
| Gastrocult 2020 DAHS-NSCGAST20-POCT | <input type="checkbox"/> | | |
| Hemochron (ACT-LR) 2020 DAHS-NSCHEMCH20-POCT | <input type="checkbox"/> | | |
| HemoCue Hb 201 DM 2020 DAHS-NSCHEMOC20-POCT | <input type="checkbox"/> | | |
| Hemoglobin A1c (HbA1c) 2020 DAHS-NSCHEMOG20-POCT | <input type="checkbox"/> | | |
| Medtronic ACT 2020 DAHS-NSCMEDACT20-POCT | <input type="checkbox"/> | | |
| Nova StatStrip 2020 DAHS-NSCNOVA20-POCT | <input type="checkbox"/> | | |
| Urine Dipstick 2020 DAHS-NSCURID20-POCT | <input type="checkbox"/> | | |
| Urine Pregnancy Test 2020 DAHS-NSCURIP20-POCT | <input type="checkbox"/> | | |
| Urine Refractometer 2020 DAHS-NSCURIR20-POCT | <input type="checkbox"/> | | |

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| Name: | Employee ID#: |
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Scan Page 1 & 2 and email to: hs-cppn@ucdavis.edu Preceptor or other verified personnel date and initial completed skill.

SIGNATURE PAGE:

Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:

| Initial: | Print Name: | Signature: |
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PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UCDH Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

| | |
|---------------------|------------------|
| | |
| Printed Name | Signature |

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| Name: | Employee ID#: |
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These skills will be considered complete when all below performance criteria are completed.

| ABL90 Analyzer 2020 | # DAHS-NSCABL20-POCT | | |
|---|-----------------------------|-------------|--------------------------|
| REFERENCES: | | Date | Verifier Initials |
| 1. UCDHS Dept. of Pathology& Laboratory Medicine Point-of-Care Testing POC.62 | | | |
| Completes online module and reading of associated policy. | | | |
| Direct observations of routine patient test performance, including as applicable, patient identification and preparation, specimen collection and handling, processing and testing. | | | |
| Monitoring the recording and reporting of test results, including as applicable reporting critical results. | | | |
| Review of intermediate test results or worksheets, quality control records, proficiency testing results and preventative maintenance records. | | | |
| Direct observation of performance of instrument maintenance and function checks as applicable. | | | |
| Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing sampling. | | | |
| Evaluation of problem-solving skills. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| AdenoPlus by RPS | # DAHS-NSCAPRPS20-POCT | | |
|---|-------------------------------|-------------|--------------------------|
| REFERENCES: | | | |
| 1. AdenoPlus by RPS Technical Procedure.57 Pathology and Lab Medicine RPS Package Insert AdenoPlus External Controls. Rapid Pathogen Screening Inc., Sarasota ,FL 34240 | | Date | Verifier Initials |
| Completes online module and reading of associated policy. | | | |
| Describes sample collection and handling. | | | |
| Demonstrates proper QC and patient testing procedure of AdenoPlus test. | | | |
| Correctly interprets patient and quality control results. | | | |
| Verifies test kit is functioning properly, supplies and reagents are not outdated and quality controls are within acceptable limits. | | | |
| Describe Quality Control Remedial Action for out-of-control results. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| AVOXimeter Checklist 2020 | # DAHS-NSCAVOX20-POCT | | |
|---|------------------------------|-------------|--------------------------|
| REFERENCES: | | | |
| 2. UC DHS Dept. of Pathology & Laboratory Medicine Point-of-Care Testing Manual | | | |
| 3. AVOXimeter 1000E Whole Blood Oximeter Operator's Manual | | | |
| 4. AVOXimeter 1000E Whole Blood Oximeter Operator's and Service Manual | | | |
| 5. AVOXimeter 1000E Whole Blood Oximeter Training Guide | | | |
| 6. AVOXimeter 1000E Whole Blood Oximeter Cuvette Calibration Package Insert 4/08 | | | |
| 7. RNA Medical QC 253 Full Range CO-Oximeter Control Package Insert 6/09 | | | |
| | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Direct observations of routine patient test performance, including, as applicable, patient identification and preparation; and specimen collection, handling, processing and testing. | | | |
| Monitoring the recording and reporting of test results, including, as applicable, reporting critical results. | | | |
| Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records. | | | |
| Direct observation of performance of instrument maintenance and function checks, as applicable. | | | |
| Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. | | | |
| Evaluation of problem-solving skills. | | | |

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| Name: | Employee ID#: |
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These skills will be considered complete when all below performance criteria are completed.

| Bacterial Vaginosis Rapid Test Checklist 2020 | # DAHS-NSCBVRT20-POCT | | |
|--|------------------------------|-------------|--------------------------|
| REFERENCES: | | Date | Verifier Initials |
| 1. POCT.58, Bacterial Vaginosis Rapid Test | | | |
| Completes online module and associated policy. | | | |
| Describes proper sample collection of vaginal fluid. | | | |
| Demonstrates proper test procedure. | | | |
| Correctly interprets results. | | | |
| Verbalizes understanding of valid results (internal procedural controls). Articulates appropriate action for out of control results. | | | |
| Demonstrates quality control testing using Sekisui OSOM BVBLUE positive and negative sialidase controls. Describes stability of controls and when testing must be performed. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| CoaguChek Checklist 2020 | # DAHS-NSCCOAGU20-POCT | | |
|--|-------------------------------|-------------|--------------------------|
| REFERENCES: | | Date | Verifier Initials |
| 1. | | | |
| Completes online module and associated policy. | | | |
| Describe the Roche CoaguChek XS Meter components and their function. | | | |
| Describe the indications for use. | | | |
| Describe specimen collection criteria and limitations. | | | |
| Describe storage requirements, stability criteria, and handling of testing strips. | | | |
| Demonstrate how to ensure matching of meter and test strips with the code chips. | | | |
| Describe the integrated quality controls. | | | |
| Describe remedial action for Out of Control Results. | | | |
| Demonstrate how to perform a patient test. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Cobas® Liat® System Checklist 2020 | # DAHS-NSCCOBAS20-POCT | | |
|---|-------------------------------|-------------|--------------------------|
| REFERENCES: | | Date | Verifier Initials |
| 1. UCDHS Dept. Pathology & Laboratory Medicine (QC book located in the ED) 2. Liat online module | | | |
| Completes online module and associated policy. | | | |
| Describes sample collection and handling. | | | |
| Describe the stability and handling of the reagent kits. | | | |
| Verbalizes understanding of valid results. Articulates what to do when an indeterminate or invalid result occurs. | | | |
| Direct observations of routine patient testing, including, as applicable, patient identification and sample processing and testing. | | | |
| Demonstrates routine cleaning of instrumentation and immediate work area. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Coloscreen Checklist 2020 | # DAHS-NSCCOLO20-POCT | | |
|---|------------------------------|-------------|--------------------------|
| REFERENCES: 1. UCDH Dept. Pathology & Laboratory Medicine Point-of-Care Testing Manual 2. ColoScreen: A Test for Occult Blood, Package Insert, Helena Laboratories | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Identify factors that may affect the guaiac test. | | | |
| Describes collection of the stool specimen (able to teach patient for home use). | | | |
| Demonstrates proper testing procedure using ColoScreen developer. | | | |
| Correctly interprets specimen results. | | | |
| Demonstrates how to perform QC using the internal ColoCheck Monitors. Verbalizes understanding of procedure to follow when control monitors fail. | | | |
| Describes the stability and handling of the guaiac slides and ColoScreen developer | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Gastrocult Checklist 2020 | # DAHS-NSCGAST20-POCT | | |
|--|------------------------------|-------------|--------------------------|
| REFERENCES: 1. UCDH Dept. Pathology & Laboratory Medicine Point-of-Care Testing Manual 2. Gastrocult, Package Insert, Beckman Coulter | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Identify factors that may affect the Gastrocult test. | | | |
| Demonstrates proper testing procedure of gastric aspirate, using Gastrocult developer. | | | |
| Correctly interprets results. | | | |
| Demonstrates how to perform QC using internal Performance Monitors. Verbalizes understanding of procedure to follow when control monitors fail. | | | |
| Describes the stability and handling of the Gastrocult slides and developer. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Hemochron ACT-LR Checklist 2020 | # DAHS-NSCHEMCH20-POCT | | |
|---|-------------------------------|-------------|--------------------------|
| REFERENCES: 7. UCDHS Department of Pathology & Laboratory Medicine Point-of-Care Testing Manual 8. Hemochron <i>Signature Elite</i> Whole Blood Microcoagulation System Operator's Manual 9. Hemochron <i>Signature Elite</i> Whole Blood Microcoagulation System Quick Reference Guide 10. Hemochron <i>Signature Elite</i> Qualification Checklist 11. Hemochron Jr. Low Range Activated Clotting Time (ACT-LR) Package Insert 12. Hemochron Jr. <i>directCheck</i> Whole Blood Control Package Insert 13. Hemochron Whole Blood Microcoagulation Systems Low Range Activated Clotting Time (ACT-LR) Clinical and Laboratory Standards Institute (CLSI) Formatted Procedure | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Direct observations of routine patient test performance, including, as applicable, patient identification and preparation; and specimen collection, handling, processing and testing. | | | |
| Monitoring the recording and reporting of test results, including, as applicable, reporting critical results. | | | |
| Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records. | | | |
| Direct observation of performance of instrument maintenance and function checks, as applicable. | | | |
| Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. | | | |
| Evaluation of problem-solving skills. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| HemoCue Hb 201 DM Checklist 2020 | # DAHS-NSCHEMOC20-POCT | | |
|--|-------------------------------|-------------|--------------------------|
| REFERENCES: | | | |
| 1. UC DH Dept. of Pathology & Laboratory Medicine Point-of-care Testing Manual | | | |
| 2. HemoCue Hb 201 DM Analyzer Instructions for Use Manual, HemoCue | | | |
| 3. HemoCue Hb 201 DM Analyzer & HemoCue DM Docking Station Reference Manual, HemoCue | | | |
| 4. HemoCue Hb 201 Microcuvettes Package Insert, HemoCue | | | |
| 5. HemoCue Cleaner Package Insert, HemoCue | | | |
| 6. HemoCue Technical Letter No 2 September 2010, HemoCue AB | | | |
| 7. R & D Systems R & D Glu/Hgb Control Package Insert, 6/07, R & D Systems, Inc. | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Describe how to handle the microcuvettes and proper sampling technique. | | | |
| Describe the storage and stability of the liquid controls. | | | |
| Demonstrate how to perform daily QC using liquid controls. | | | |
| Describe Quality Control Remedial Action for out-of-control results. | | | |
| Describe how to perform patient testing on the HemoCue Hb 201 DM Analyzer. | | | |
| Describe what to do when you have a critical value. | | | |
| Describe the limitations of the HemoCue HB 201 DM procedure. | | | |
| Describe the maintenance for the HemoCue Hb 201 DM Analyzer. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Hemoglobin A1c Checklist 2020 | # DAHS-NSCHEMOG20-POCT | | |
|---|-------------------------------|-------------|--------------------------|
| REFERENCES: 1. UCDDH Department of Pathology Point-of-Care Testing Manual, 2/2007 2. Siemens DCA Systems Hemoglobin A1c Normal and Abnormal Control Kit Package Insert, 5/07. 3. Siemens DCA Systems Hemoglobin A1c Reagent Kit Package Insert, 2008. 4. Siemens DCA Vantage Analyzer Operator's Guide, 2007. 5. Siemens DCA Vantage Quick Set-up Guide, 2008 | | | |
| | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Verifies physician written order or standardized procedure. | | | |
| Identifies the patient using two forms of identifiers. | | | |
| Explains the procedure and reason for the test to the patient/family. | | | |
| Gathers supplies/equipment. | | | |
| Verifies test kit/machine/equipment is functioning properly, supplies and reagents are not outdated, and quality controls are within acceptable limits. | | | |
| Appropriately documents results on correct form. | | | |
| Notifies MD of abnormal results. | | | |
| Appropriately charges for supplies and procedure when applicable. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Medtronic ACT 2020 | # DAHS-NSCMEDACT20-POCT | | |
|---|--------------------------------|-------------|--------------------------|
| 1. UCDHS Activated Clotting Time(ACT), Whole Blood By Medtronic ACT Plus | | Date | Verifier Initials |
| Completes reading of associated policy. | | | |
| Direct observations of routine patient test performance, including, as applicable, patient identification and preparation; specimen collection, handling, processing and testing. | | | |
| Monitoring the recording and reporting of test results, including as applicable, reporting critical results. | | | |
| Review of intermediate test results or worksheets, quality control records, proficiency testing results and preventative maintenance records. | | | |
| Direct observation of performance of instrument maintenance and function checks, as applicable. | | | |
| Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. | | | |
| Evaluation of problem-solving skills. | | | |

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These skills will be considered complete when all below performance criteria are completed

| Nova StatStrip Checklist 2020 | # DAHS-NSCNOVA20-POCT | | |
|--|------------------------------|-------------|--------------------------|
| References: | | Date | Verifier Initials |
| 1. Instructions for Use: Nova Biomedical StatStrip Glucose Hospital Meter System. Version 1.86. UCDH | | | |
| 2. Department of Pathology and Laboratory Medicine Technical Procedure POCT.51 (<i>being revised</i>). | | | |
| Completes online module and associated policy. | | | |
| Describes the Nova StatStrip Glucose Hospital Meter System components and their function. | | | |
| Describes the stability and handling of glucose test strips and controls, including open dating, expiration dates and procedure notes. | | | |
| Describes specimen requirements: amount, types and recommended anticoagulants. | | | |
| Describes the conditions when it is not appropriate to perform a glucosefingerstick. | | | |
| Demonstrates how to perform quality control testing using one control solution. Describes when QC must be run, what QC Lockout is, and what to do if the QC test results FAIL. | | | |
| Demonstrate how to run a patient test. (Using one control run as a patient). | | | |
| Describes the procedure for critical values and questionable patient test results. | | | |
| Describes the limitations of the Nova StatStrip Glucose Hospital Meter System glucose test results. | | | |
| Demonstrates how to review results on the meter. | | | |
| Describes the routine maintenance for the Nova StatStrip Glucose Hospital Meter System, docking station, and accessory box. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Urine Dipstick Checklist 2020 | #DAHS-NSCURID20-POCT | | |
|---|-----------------------------|-------------|--------------------------|
| REFERENCES: | | | |
| 1. UCDH Dept. of Pathology & Laboratory Medicine Point-of-care Testing Manual | | | |
| 2. Chek-Stix Positive and Negative Controls, Package Insert, Bayer Healthcare | | | |
| 3. MAS UA Control, Package Insert, Microgenics | | | |
| 4. Multistix 10 SG Reagent Strips, Package Insert, Bayer Healthcare | | | |
| 5. Uristix Reagent Strips, package Insert, Bayer Healthcare | | | |
| 6. Keto-Diastix Reagent Strips, Bayer Healthcare | | | |
| | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Collects appropriate urine specimen in clean, dry container. | | | |
| Demonstrates proper test procedure. | | | |
| Properly compares the reagent areas to the corresponding color chart on the bottle label at the times specified. | | | |
| Manual Reading: Prepares controls and demonstrates quality control testing using the Bayer Chek-Stix Control Strips. Clinitek 50 instrument reading: Demonstrates quality control testing using MAS UA controls. Describes stability of controls and when controls must be run. | | | |
| Verbalizes understanding of procedure to follow when control results are out-of-range. | | | |

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These skills will be considered complete when all below performance criteria are completed.

| Urine Pregnancy Test Checklist 2020 | # DAHS-NSCURIP19-POCT | | |
|---|------------------------------|-------------|--------------------------|
| REFERENCES: 1. UCDH Dept. of Pathology & Laboratory Medicine Point-of-care Testing Manual 2. Sure-Vue® Urine hCG, Package Insert, Fisher Scientific Company 3. Sure-Vue® hCG Urine Control Set, Package Insert, Fisher Scientific Company | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Collects appropriate urine specimen in clean, dry container. Equilibrate urine and test device to room temperature. | | | |
| Demonstrates proper test procedure. | | | |
| Correctly interprets results. | | | |
| Verbalizes understanding of valid results (internal procedural controls). Articulates what to do when there is no control line visible. | | | |
| Demonstrates quality control testing using Sure-Vue positive and negative hCG controls. Describes stability of controls and when they must be run. | | | |

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| Urine Refractometer Checklist 2020 | # DAHS-NSCURIR20-POCT | | |
|--|------------------------------|-------------|--------------------------|
| REFERENCES: 1. Instructions for Use and Care of the Reichert TS Meter Refractometer, Reichert Analytical Instruments, Reichert, Inc., Depew, NY, 2003 2. Modern Urine Chemistry, Ames Division, Miles Laboratories, Inc. 1978, pp. 19-22. 3. Freeman, J.A. and Beeler, M.F., Laboratory Medicine-Clinical microscopy. Lea and Febiger, Philadelphia, 1974, pp. 181-189. 4. MAS UA Control, Liquid Assayed Urinalysis Control, Package Insert, Thermo Scientific, REV 13, 03/2012. | | Date | Verifier Initials |
| Completes online module and associated policy. | | | |
| Direct observations of routine patient test performance, including, as applicable, patient identification and preparation; and specimen collection, handling, processing and testing. | | | |
| Monitoring the recording and reporting of test results, including, as applicable, reporting critical results. | | | |
| Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records. | | | |
| Direct observation of performance of instrument maintenance and function checks, as applicable. | | | |
| Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples. | | | |
| Evaluation of problem-solving skills. | | | |

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